

Redeployment Action Plan



Taking care of the Warrior and their Family...Always!

Redeployment Action Plan

Introduction

Redeployment is a continuation of the deployment cycle. We need to adapt to the changes in our culture. We are deploying more in support of additional Joint activities. To that end, we need to help our troops understand these changes and help them identify things that can help them quickly rejoin their communities. We rely heavily on our leadership to guide our troops in these tasks.

The commander has the ultimate responsibility for the successful execution of this plan. Not every returning service member will have operated under the constant threat of hostile fire. Their needs will be different. As such, **the commander must decide the appropriate level of actions to be accomplished for their redeploying troops. With that, they have the authority to tailor individual processing tasks for their troops.** In evaluating these actions, consider multiple factors (i.e., a history of difficulties prior to deployment, deployment in support of other services or coalition partner countries, and difficulties while in the AOR.) The culture shock and expectations of the new environment can be challenging. Use the information and tools contained in this plan. Structure your plan to fit the requirements and resources of your base. There is flexibility in scheduling activities and deciding what is needed (i.e., granting leave to redeployers enroute for extraordinary situations), but the goal is to ensure **all required activities are accomplished within the first week following redeployment.** This minimizes disruption, meets requirements, and minimizes delays. Most importantly, it focuses attention on the immediate need of being there for the member and their family. Follow-up assessments should occur between 90 and 180 days. The task at-hand is to provide a comprehensive assessment and then provide quality instruction based on identified or projected needs. The sharing of information and identifying best practices are highly encouraged. This document is a starting point. Individualized planning should take place with a cross-functional team at your installation with input from the chain of command.

Purpose

Provide guidelines for commanders to meet the changing needs of our returning warriors. The challenges faced by our returning troops are considerably different than they were 5-6 years ago. They are directly supporting joint and international forces and coming face-to-face with levels of stress, conflict and action that necessitate an emotional and psychological decompression. This action plan addresses that need and command emphasis will drive this program's success. Timing is the key. Balancing out the desire to take time off and enjoy being home must be tempered with the need to ensure our Returning troops have the tools they need to adapt quickly to a changed environment, with little disruption and a high degree of safety.

The elements of this plan focus on the services to be provided. This schedule of activities is considered duty time and post-deployment leave periods should commence following the completion of primary redeployment activities. This plan includes elements to be accomplished while in the AOR as well as elements to be accomplished upon return.

A coordinated strategy is required to ensure our returning troops are taken care of and a safety net of service is maintained throughout the deployment cycle. This includes follow-up. Moreover, this plan standardizes key elements of the process and provides a measure of flexibility at the installation level in order to address local variances.

Assumptions

1. The commander is the key to the success of this program and is responsible for the education, assessment, and processing of redeployed troops.
2. Not all redeployed troops will require the same level of service or support.
3. Troops assigned to support the other services or coalition partners may experience a higher degree of stress due to lack of familiarity with standard operating procedures and other differences.
4. The more deployments experienced, the more stress on the family and on the service member.
5. The longer the tour of duty, the more stress on the service member. Field research indicates that deployments longer than 8 months increases the number of health concerns post-deployment.
6. Troops may will return more in small groups or individually, rather than large units; logistics need to plan for these situations.
7. A community approach is more effective than one single agency approach.
8. Supportive actions must be sustainable, with a follow-up assessment component.

Key Players

Family readiness is a command and community responsibility. The unit commander and the installation support team have the lead in promoting it. Maximize and coordinate the efforts of the Chaplain, family support/family readiness or community services, spouse of family group leaders, social services, mental health and other health care providers, health promotion and education providers as they are major contributors to a successful redeployment and reintegration plan. The support services must be integrated with line personnel to ensure a seamless and effective process. Public Affairs will also bring specialized knowledge and resources to bear on this issue in terms of conveying messages to the installation community. Additionally, offering free child-care to families of redeploying members can facilitate family participation. Care should be arranged in advance to minimize conflicts.

Special emphasis

Single Troops

The needs of single troops are frequently overlooked. The concept of “family” must include an expanded vision beyond spouses and children. We must solicit the aid of the extended family of our young troops (parents, grandparents, fiancée, etc). In all the excitement about reuniting children and parents, and husbands and wives, we often forget about our single troops. Issues of loneliness, potential alcohol misuse, renewing family relationships, and becoming social beings again are some tasks that these people will have to deal with. They must not feel less important because they are not married.

Children

We do not know all the long-term effects of repeated deployments on our children. We do know that stability is central for their continued growth and development. For most families, the schools and youth programs provide the required continuity and stability. Installation youth services are tuned into the unique challenges of military life. Our schools, either on the installation or in the local community, should be provided additional training to support our children through these changes. School Liaison Officers are valuable resources for interface and education and training of school personnel.

References:

- a. U.S. Army’s Deployment Cycle Support Program Plan
- b. US Air Force Readiness Edge Family Guide
- c. US Air Force Leaders Guide to Personnel in Distress
- d. USAFE Reorientation and Reintegration Plan
- e. PACAF Redeployment Plan
- f. Canadian Forces Redeployment Plan

Processes

Target Audience: Redeploying military members and their families

Place: Deployment facilities or centralized classroom facilities

Format: Individual assessments, group discussion, or classroom instruction

Size limits:

- a. Approximately 30 minutes for individual assessments
- b. Group formats should have between 6-12 people
- c. Class size should be no larger than 28 people

Activities prior to redeployment

While in the AOR for members within 30 days of redeployment

- a. Attend Return and Reunion Briefing.
- b. Complete Post-Deployment Health Assessment – turn-in within 5 days of departure. Post-Deployment Health Assessment should include a medical threat debrief and a briefing of resources and benefits as well as a brief, targeted physical and mental health assessment conducted by a trained healthcare provider.

While in the AOR for families

- a. Confirm redeployment schedules with Unit.
- b. Brief return and reunion with families and the schedule of activities for follow-up.

Activities upon return

The members will be debriefed, have immediate medical issues addressed, and be scheduled for individual redeployment processing or the redeployment seminar within 24 hours of their arrival. Redeployment processing should be completed within 7 days of the members return to home station. The unit commander ensures compliance. Members authorized leave enroute will accomplish processing upon their return to home station.

The members that deployed to areas where they were targets of hostile fire, or supported units from other services or countries will require additional time and effort. Special attention should be focused on lessons learned from the experience and passing on those lessons to members of the unit.

A key part of effective implementation of returning activities is leadership tone and support. Active encouragement in self-care on the part of returning troops can allay fears or misgivings about seeking professional support when needed. In addition, educational seminars at each junction should be provided to first-line supervisors. Supervisors see their people everyday and have an opportunity to observe when behavior changes occur. The most effective suicide prevention, alcohol abuse prevention, and work adjustment programs start with the first-line supervisors recognizing high-risk behaviors and taking appropriate action.

Within 24 hours of arrival

Welcome home – Senior leadership

Process travel voucher

Turn-in weapons/accountable materials

Complete initial medical screening requirement within the first 5 days (Note: Leave in route authorized in extraordinary circumstances will require the member to complete medical post-deployment requirements at the facility nearest their leave location)

Within 7 days of arrival

Outline of the program, introduction of presenters and purpose

Briefing of entitlements and benefits

Wellness briefings (suicide prevention, safety, alcohol use, etc.)

Complete in-processing military requirements – at unit

Briefings and information exchanges (seminar)

- a. Helping children cope with change briefing
- b. Single service member concerns
- c. Sharing lessons learned – work and at home
- d. Supervisor training
- e. Feedback and program surveys completed

Follow-up 30-60 days after arrival

Conduct assessments with emphasis on the following

- a. Legal services consultation
- b. Financial readiness consultation
- c. Combat stress-related behaviors
- d. Family readiness
- e. Primary relationship support/ support systems
- f. Half-day relationship education workshop for individuals and supervisors.

Follow-up 90-180 days after arrival

- a. Ensure personal preparedness issues, previously identified, have been resolved. Address lingering issues. Recommend referrals or interventions.
- b. Conduct post-deployment health reassessment, with additional emphasis on commonly occurring chronic health concerns, exposure worries, mental health and family health issues.
- c. Provide educational seminar on how to recognize commonly occurring problems and resources to address those concerns.
- d. Ensure easy, stigma-free access to health care, mental health care, marriage and family counseling, and readjustment counseling.

Conclusion

The readjustment plan is designed to be a starting point in the process of continuing to meet the evolving needs of our troops who return from operational deployments. A local cross-functional implementation team can refine the plan for local installation needs. Standard educational materials can be found on a variety of websites. Those packages can be tailored by the local implementation team to the local area needs. Handouts, fact sheets, and clinical practice guidelines for addressing deployment related health concerns can be located on www.pdhealth.mil.